



Fraser Property Management Realty Services Ltd. #1-22374 Lougheed Hwy. Maple Ridge, BC V2X 2T5

Telephone: - 604 466 - 7021 Fax: - (604) 466 7052

Valid Signing Authority

I (we) warrant that all person whose signatures are required to sign on this account have signed this Agreement.

Cancellation of Agreement

I (we) acknowledge that in order to completely revoke this authorization, I (we) must provide and deliver written notice of revocation to STRATA_____ this authorization may be cancelled at any time by me (us).

Acceptance of Delivery of Authorization

I (we) acknowledge that provision and delivery of this authorization to STRATA _____ constitutes delivery by me (us) to the afore-mentioned financial institution. Any delivery of this authorization to you constitutes delivery to me (us).

Validation by Financial Institution

I (we) acknowledge that the afore-mentioned financial institution is not required to verify that the debit has been issued in accordance with the particulars of the authorization including the amount frequency of payments.

I(we) acknowledge that the afore-mentioned financial institution is not required to very that any purpose of payment for which the debit was issued has been fulfilled by STRATA _____ as a condition to honoring a preauthorized debit issued by STRATA_____ on my (our) account.

Contract for Goods/Services

Revocation of this authorization does not terminate any contract for goods or services that exists between me (us) and STRATA_____. My (our) authorization applies only to the method of payment and does not have any bearing on the contract for goods and services exchanged.

Change of Account Information

I (we) undertake to inform STRATA_____ in writing, of any change in the account information Provided in is authorization prior to the next due date of the debit.

Rights of Dispute

Items changed will be reimbursed subject to notification by me (us) to the branch of account within 90 days under any of the following conditions:

- I. I (we) never provided the authorization to STRATA _____
2. The preauthorized debit was not drawn in accordance with this authorization.
3. My (our) authorization was revoked.
4. The debit was posted to the wrong account due to invalid/incorrect account information supplied by STRATA_____
5. I (we) understand that a written declaration to this effect must be given to my (our) Financial institution.